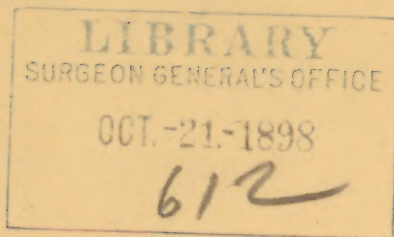
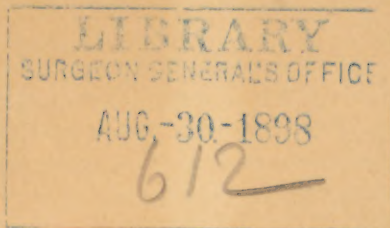


Duhring (L. A.)
a case of Universal
Erythema multiforme



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A CASE OF Universal Erythema Multiforme.¹

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THE patient, a robust man, aged 29 years, has always had good health, and has never experienced any disease of the skin before. He was admitted to the medical ward of the Philadelphia Hospital, on June 3d, for unilateral rheumatism of the ankle and knee joint. He had complained of malaise for a week. The temperature was 101° F., and there was loss of appetite, headache, constipation, and slightly albuminous urine. The following night the eruption manifested itself suddenly on the flexor and extensor surfaces of the arms, on the face, back, chest, and palms, but not on the backs of the hands. The patches were erythematous, pea-sized, ill-defined, very numerous, more distinctly outlined on the face than on the arms, and were itchy from the beginning. The patient was restless, and scratched.

June 5th.—The eruption has increased in extent and intensity, being most marked on the chest and on the legs.

June 7th.—Patient yesterday complained of sore throat, and to-day this symptom is worse, and the tongue is dry and uniformly red. The pharynx is studded with raised, roundish, reddish patches, similar to those on the skin. Deglutition is difficult. The eruption of the general surface has spread, and is now becoming universal. The patient is restless and suffers malaise. The rheumatic pain lessened decidedly after the efflorescence began to appear.

June 9th.—The eruption is at its height. For the last two days the single lesions and patches have been coalescing. The body is almost universally invaded. The face shows a bright red, diffused erythema, without patches. Over the neck and on the anterior and

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posterior surfaces of the trunk down to the thighs there exist numerous coin-sized, roundish patches. The discrete lesions are slightly elevated, especially the borders. Some of them are marginate. On the backs of the hands and on the knuckles occur papulo-vesicles, showing typical erythema multiforme papulosum. The palms and soles manifest diffuse redness and swelling.

It is not necessary to describe the eruption more in detail at this stage. The diagnosis made was erythema multiforme of an unusual form. The subsequent course of the disease, however, was peculiar, and different from that usually noted in erythema multiforme, as will be observed.

June 11th.—The eruption has begun to fade and the itching is subsiding. The diet has been chiefly milk, notwithstanding which there has been nausea and vomiting. The general surface, especially where the skin is thin, has developed numerous minute, yellowish-grayish, superficial vesicles, such as are met with in scarlatina; and on the face there is a single pea-sized, flat pustule.

June 13th.—General desquamation is setting in, and recovery is manifestly taking place.

June 16th.—The desquamation is universal, the epidermis coming off in pieces and sheets of variable size. From the hands and feet are being cast off large exfoliative pieces, as in dermatitis exfoliativa, resembling, from the hands, parts of a glove, of which the fragments here presented are specimens. The patient henceforth made uncomplicated recovery.

The case is unique in my experience. The disease must be regarded as an erythema multiforme, for the reason that, for a few days before the height of the eruption, certain regions manifested unmistakable lesions of that affection. The portrait of the arm and hand here presented for inspection, was painted at this date, and, as we see, portrays erythema multiforme papulosum in its usual form, but subsequently the arms, hands, and fingers became completely covered with diffuse erythema. This was later followed by general exfoliation of the epidermis, taking place from the whole surface simultaneously, which need hardly be remarked is at variance with the ordinary course of erythema multiforme.

To recapitulate briefly, the disease was ushered in with and accompanied throughout its entire course with pronounced constitutional symptoms; it was general, attacking the mucous membranes, as well as the skin, and, from the involvement of the throat and the persistent nausea and vomiting, it is highly probable that the whole alimentary tract was similarly invaded. The eruption became universal and was of an erythematous type, with a tendency to papular and vesicular

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formation in certain localities, followed by extensive and complete exfoliation of the epidermis. Its duration from beginning to end was about three weeks, and there was itching throughout this period. The diagnosis at first was obscure, erythema multiforme not suggesting itself until somewhat later; while the subsequent exfoliation of epidermis indicated that the process was allied to dermatitis exfoliativa. I regard the case as especially instructive as showing how closely some of these erythematous affections are related, and how occasionally so-called diseases may blend.



